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MINNESOTA DEPARTMENT OF HEALTH
Section of Vital Statistics

CERTIFICATE OF DEATH

LOCAL FILE NUMBER 02036 — STATE FILE NUMBER

Type/Print in Permanent Black Ink For Instructions See Other Side

1. DECEDENT'S NAME (First, Middle, Last): RICHARD ARCHIE HELWIG
2. SEX: MALE
3. DATE OF DEATH (month, day, year): JUNE 16, 1991
4. TIME OF DEATH: 0710
5. SOCIAL SECURITY NUMBER: 524-44-4319
6a. AGE - Last Birthday (years): 55
6b. UNDER 1 YEAR (months, days)
6c. UNDER 1 DAY (hours, minutes)
7. DATE OF BIRTH (month, day, year): November 6, 1935
8. BIRTHPLACE (city and state or foreign country): Minneapolis, Minnesota
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): Yes
10a. PLACE OF DEATH (check only one - see instructions on other side): HOSPITAL [ ] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER [ ] Nursing home [ ] Residence [X] Other (specify): Fed.Med.Ctr.
10b. FACILITY NAME (if not institution, give street and number): 2110 East Center Street
10c. CITY OR TOWNSHIP OF DEATH: Rochester
10d. COUNTY OF DEATH: Olmsted
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (specify): Never Married
12. SPOUSE - Name (if wife, give maiden name)
13a. DECEDENT'S USUAL OCCUPATION (give kind of work done during most of working life. Do not use retired): Bookkeeper
13b. KIND OF BUSINESS/INDUSTRY: Bookkeeping
14a. RESIDENCE - State: Minnesota
14b. COUNTY: Olmsted
14c. CITY OR TOWNSHIP: Rochester
14d. STREET AND NUMBER: 2110 East Center Street
14e. INSIDE CITY LIMITS? (specify yes or no): Yes
14f. ZIP CODE: 55904
15. WAS DECEDENT OF HISPANIC ORIGIN? (specify yes or no - if yes, specify Cuban, Mexican, Puerto Rican, etc.): [ ] Yes XX No
16. RACE (see instructions on other side): White
17. DECEDENT'S EDUCATION (specify only highest grade completed) Elementary/Secondary (0-12): 12; College (1-4 or 5+): 1
18. FATHER'S NAME (first, middle, last): Archie Helwig
19. MOTHER'S NAME (first, middle, maiden surname): Ethel
20a. INFORMANT'S NAME (type/print): Federal Medical Center Records
20b. INFORMANT'S MAILING ADDRESS (Street and Number or Rural Route Number, City, State, Zip Code): 2110 East Center Street Rochester, MN 55904
21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Removal from state [ ] Donation [ ] Other (specify)
22a. SIGNATURE OF FUNERAL DIRECTOR OR AUTHORIZED AGENT: David D. Macken
21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place): Oakwood Cemetery
21c. LOCATION - City or Township, State: Rochester, Minnesota
22b. LICENSE NUMBER (of Funeral Establishment): 0228
23. NAME AND ADDRESS OF FUNERAL ESTABLISHMENT: Macken Funeral Home 1105 12th ST. S.E. Rochester, Minnesota 55904
24a. CERTIFICATION-PHYSICIAN: I attended the deceased from ____ (mo. day year) to ____ (mo. day year) and last saw him/her on ____ (mo. day year). I (did/did not) view the body after death.
24b. SIGNATURE (Physician, Medical Examiner or Coroner): Paul G. Belau
24c. LICENSE NUMBER (of physician): 14207
24d. DATE SIGNED (month, day, year): 6/17/91
25. NAME AND ADDRESS OF [ ] PHYSICIAN [X] MEDICAL EXAMINER OR CORONER: Paul G. Belau, M.D., Coroner; Law Enforcement Center; Rochester, MN 55903
26. REGISTRAR'S SIGNATURE: Joan M. Boeser
27. DATE FILED (month, day, year): 6-21-91

28. CAUSE OF DEATH
PART I Enter the diseases, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.
If diagnosis deferred Check box [ ]
Approximate interval between onset and death

IMMEDIATE CAUSE (final disease or condition resulting in death)
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST
a. Pneumonia
due to or as a consequence of:
b. Acquired immunodeficiency syndrome (AIDS)
due to or as a consequence of:
c.

PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in PART I.

29a. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? [X] Yes [ ] No
29b. WAS AN AUTOPSY PERFORMED? [X] Yes [ ] No
29c. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? [X] Yes [ ] No

30. MANNER OF DEATH: [X] Natural [ ] Accident [ ] Suicide [ ] Homicide [ ] Pending investigation [ ] Could not be determined
31a. DATE OF INJURY (month, day, year)
31b. TIME OF INJURY
31c. INJURY AT WORK? [ ] Yes [ ] No
31d. DESCRIBE HOW INJURY OCCURRED
31e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (specify)
31f. LOCATION - (street and number, city or township, state)

See other side for instructions on completing cause of death and other important items.

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